

**DEPARTMENT OF THE TREASURY- DIVISION OF PENSIONS AND BENEFITS**  
**NEW JERSEY STATE HEALTH BENEFITS PROGRAM**  
**MEDICARE AND NON-MEDICARE MONTHLY RATES EFFECTIVE 1/1/2014-12/31/2014**  
**CHAPTER 330 RATES FOR LOCAL GOVERNMENT RETIREES**

Plan and Coverage level	MONTHLY RATE** Retiree Share
<b>AETNA FREEDOM10 #018,26B</b> <i>PPO plan with primary care copayment \$10</i>	
Single-No Medicare	\$420.73
Single-On Medicare	\$149.40
Member & Spouse/Partner-No Medicare	\$917.32
Member & Spouse/Partner-One on Medicare	\$517.67
Member & Spouse/Partner-Both on Medicare	\$298.82
Family-No Medicare	\$1,043.52
Family-One on Medicare	\$639.84
Family-Both on Medicare	\$387.46
Parent & Child-No Medicare	\$589.05
Parent & Child-Retiree on Medicare	\$236.55
<b>NJ DIRECT10 #050,250</b> <i>PPO plan with primary care copayment \$10</i>	
Single-No Medicare	\$411.57
Single-On Medicare	\$147.03
Member & Spouse/Partner-No Medicare	\$897.35
Member & Spouse/Partner-One on Medicare	\$506.37
Member & Spouse/Partner-Both on Medicare	\$294.07
Family-No Medicare	\$1,020.80
Family-One on Medicare	\$625.90
Family-Both on Medicare	\$381.31
Parent & Child-No Medicare	\$576.23
Parent & Child-Retiree on Medicare	\$232.79
<b>AETNA FREEDOM15 #180,26C</b> <i>PPO plan with primary care copayment \$15</i>	
Single-No Medicare	\$365.51
Single-On Medicare	\$125.42
Member & Spouse/Partner-No Medicare	\$796.84
Member & Spouse/Partner-One on Medicare	\$439.52
Member & Spouse/Partner-Both on Medicare	\$250.84
Family-No Medicare	\$906.48
Family-One on Medicare	\$545.71
Family-Both on Medicare	\$325.25
Parent & Child-No Medicare	\$511.72
Parent & Child-Retiree on Medicare	\$198.57
<b>NJ DIRECT15 #150,251</b> <i>PPO plan with primary care copayment \$15</i>	
Single-No Medicare	\$356.90
Single-On Medicare	\$123.29
Member & Spouse/Partner-No Medicare	\$778.07
Member & Spouse/Partner-One on Medicare	\$429.00
Member & Spouse/Partner-Both on Medicare	\$246.57
Family-No Medicare	\$885.12
Family-One on Medicare	\$532.70
Family-Both on Medicare	\$319.72
Parent & Child-No Medicare	\$499.66
Parent & Child-Retiree on Medicare	\$195.19
<b>AETNA #019,252</b> <i>HMO plan with primary care copayment \$10</i>	
Single-No Medicare	\$324.00
Single-On Medicare	\$196.38
Member & Spouse/Partner-No Medicare	\$706.77
Member & Spouse/Partner-One on Medicare	\$472.85
Member & Spouse/Partner-Both on Medicare	\$392.76
Family-No Medicare	\$804.31
Family-One on Medicare	\$565.90
Family-Both on Medicare	\$453.27
Parent & Child-No Medicare	\$454.07
Parent & Child-Retiree on Medicare	\$248.16
<b>HORIZON HMO #011,266(1)</b> <i>HMO plan with primary care copayment \$10</i>	
Single-No Medicare	\$315.55
Single-On Medicare	\$193.89
Member & Spouse/Partner-No Medicare	\$688.36
Member & Spouse/Partner-One on Medicare	\$462.14
Member & Spouse/Partner-Both on Medicare	\$387.78
Family-No Medicare	\$783.36
Family-One on Medicare	\$552.76
Family-Both on Medicare	\$447.08
Parent & Child-No Medicare	\$442.24
Parent & Child-Retiree on Medicare	\$244.51

<b>AETNA FREEDOM1525 #063,269</b>		<i>PPO plan with primary care copayment \$15/ specialist copayment \$25</i>
Single-No Medicare		\$319.34
Member & Spouse/Partner-No Medicare		\$696.18
Family-No Medicare		\$791.95
Parent & Child-No Medicare		\$447.09
<b>NJ DIRECT1525 #051,254</b>		<i>PPO plan with primary care copayment \$15/ specialist copayment \$25</i>
Single-No Medicare		\$311.11
Single-On Medicare		\$94.50
Member & Spouse/Partner-No Medicare		\$678.24
Member & Spouse/Partner-One on Medicare		\$354.93
Member & Spouse/Partner-Both on Medicare		\$189.00
Family-No Medicare		\$771.55
Family-One on Medicare		\$445.41
Family-Both on Medicare		\$245.06
Parent & Child-No Medicare		\$435.57
Parent & Child-Retiree on Medicare		\$149.62
<b>AETNA1525 #061,256</b>		<i>HMO plan with primary care copayment \$15/ specialist copayment \$25</i>
Single-No Medicare		\$234.29
Single-On Medicare		\$152.52
Member & Spouse/Partner-No Medicare		\$510.76
Member & Spouse/Partner-One on Medicare		\$339.26
Member & Spouse/Partner-Both on Medicare		\$305.07
Family-No Medicare		\$581.04
Family-One on Medicare		\$406.64
Family-Both on Medicare		\$342.23
Parent & Child-No Medicare		\$328.01
Parent & Child-Retiree on Medicare		\$182.00
<b>HORIZON HMO1525 #053,267(1)</b>		<i>HMO plan with primary care copayment \$15/ specialist copayment \$25</i>
Single-No Medicare		\$226.83
Single-On Medicare		\$150.03
Member & Spouse/Partner-No Medicare		\$494.50
Member & Spouse/Partner-One on Medicare		\$329.49
Member & Spouse/Partner-Both on Medicare		\$300.06
Family-No Medicare		\$562.54
Family-One on Medicare		\$394.72
Family-Both on Medicare		\$336.27
Parent & Child-No Medicare		\$317.57
Parent & Child-Retiree on Medicare		\$178.63
<b>AETNA FREEDOM2030 #064,26A</b>		<i>PPO plan with primary care copayment \$20</i>
Single-No Medicare		\$272.48
Member & Spouse/Partner-No Medicare		\$594.01
Family-No Medicare		\$675.74
Parent & Child-No Medicare		\$381.47
<b>NJ DIRECT2030 PLAN B #052,255</b>		<i>PPO plan with primary care copayment \$20</i>
Single-No Medicare		\$264.74
Single-On Medicare		\$84.82
Member & Spouse/Partner-No Medicare		\$577.14
Member & Spouse/Partner-One on Medicare		\$300.16
Member & Spouse/Partner-Both on Medicare		\$169.64
Family-No Medicare		\$656.54
Family-One on Medicare		\$377.22
Family-Both on Medicare		\$219.96
Parent & Child-No Medicare		\$370.63
Parent & Child-Retiree on Medicare		\$134.30
<b>AETNA2030 #062,257</b>		<i>HMO plan with primary care copayment \$20</i>
Single-No Medicare		\$190.84
Member & Spouse/Partner-No Medicare		\$416.02
Family-No Medicare		\$473.27
Parent & Child-No Medicare		\$267.17
<b>HORIZON HMO2030 #054,268(1)</b>		<i>HMO plan with primary care copayment \$20</i>
Single-No Medicare		\$183.83
Single-On Medicare		\$138.64
Member & Spouse/Partner-No Medicare		\$400.75
Member & Spouse/Partner-One on Medicare		\$276.32
Member & Spouse/Partner-Both on Medicare		\$277.29
Family-No Medicare		\$455.90
Family-One on Medicare		\$329.16
Family-Both on Medicare		\$307.92
Parent & Child-No Medicare		\$257.37
Parent & Child-Retiree on Medicare		\$161.91
<b>Aetna Value HD4000 #092,262(2)</b>		<i>high deductible health plan with \$4,000 in network deductible</i>
Single-No Medicare	see note(3)	
Member & Spouse/Partner-No Medicare		
Family-No Medicare		
Parent & Child-No Medicare		
<b>NJ DIRECT HD4000 #090,260(2)</b>		<i>high deductible health plan with \$4,000 in network deductible</i>
Single-No Medicare	see note(3)	
Member & Spouse/Partner-No Medicare		
Family-No Medicare		
Parent & Child-No Medicare		

Retirees in plans above are provided a prescription drug plan administered by Express Scripts (formerly Medco).

Retirees who are eligible for State paid health benefits under the provisions of Chapter 330, P.L. 1998 pay the Retiree Share.

(1) Horizon HMO service area for Plan #011, #053 and #054 is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;

(2)The following plans are not available to Medicare eligible retirees and retiree with Medicare eligible dependents AETNA FREEDOM1525(#063), AETNA FREEDOM2020(#064), AETNA2030(#062),AETNA Value HD4000 #090 and NJ DIRECT HD4000 #092.

(3) In CY 2013 retirees who subscribe to the High Deductible health plans and retired prior to the provision of Chapter 78-state will cover cost of monthly premium

In CY 2013 retirees who subscribe to the High Deductible health plans and are subject to the provision of Chapter 78-retiree will pay retiree share of 1.5% of pension allowance